## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10006650

		SMALL ENTITY			OTHER THAN							
TOTAL CLAIMS			(Column 1)		(Column 2)		TYPE [		OR I F	SMALL		İ
TOTAL CLAIMS			58_				RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00	İ
TOTAL CHARGEABLE CLAIMS			45 minus 20=		*	65	X\$ 9=		OR	X\$18=	11700	00
INDEPENDENT CLAIMS			# minus 3 =		* /		X42=		OR	X84=	RÝ.	0
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT		<del></del>	X	+140=		OR	+280=	280.	00
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	2374	00
CLAIMS AS AMENDED - PART II							l		•	OTHER	THAN	]
		(Column 1)		(Colu	mn 2)	(Column 3)	SMALL ENTITY		OR.	SMALL	ENTITY	j
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 7485	Minus	**	<b></b>	=	X\$ 9=		OR	X\$18=		
	Independent	* 4	Minus	***		=	X42=		OR	X84=		
۷	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		440			+280=		1
							+140=		OR	+26U= TOTAL	ļ	-
							TOTAL ADDIT. FEE		OR	ADDIT. FEE		4
		(Column 1)			ımn 2)	(Column 3)						1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 85	Minus	**	85	=	X\$ 9=		OR	X\$18=	1/	
	Independent	. 4	Minus	***	4	=	X42=		OR	X84=		1
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	II CLAIM		+140=		OR	+280=	1	1
							TOTAL		OR	TOTAL		1
							ADDIT. FEE	<u> </u>	10	ADDIT. FEE	Ē	7
		(Column 1) CLAIMS			umn 2) HEST	(Column 3)		ADDI	1		T ADDI	4
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER /IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=	,	OR	X\$18=		
	Independent	*	Minus	***		=	X42=		OR	X84=		1
	FIRST PRESENTATION OF MULTIPLE DEP			PENDE	ENDENT CLAIM				104	<b>-</b>	+	1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE											L	_
**	"If the "Highest No The "Highest Nur	umber Previously mber Previously P	Paid For" IN Th aid For" (Total	IS SPACI	E is less th ndent) is th	an 3, enter "3." e highest numbe			ox in c			